

## Complete Summary

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### GUIDELINE TITLE

Establishing therapeutic relationships.

### BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Establishing therapeutic relationships. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jul. 54 p. [66 references]

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

Not applicable

### GUIDELINE CATEGORY

Counseling  
 Management

### CLINICAL SPECIALTY

Family Practice  
 Nursing  
 Psychology

### INTENDED USERS

Nurses

### GUIDELINE OBJECTIVE(S)

To present nursing best practice guidelines for establishing therapeutic relationships with clients (i.e. to address the qualities and capacities of an effective therapeutic relationship, the state of knowledge, and the knowledge needed to be effective in a therapeutic relationship)

#### TARGET POPULATION

Canadian clients in the health care setting

#### INTERVENTIONS AND PRACTICES CONSIDERED

1. Acquiring requisite knowledge for establishing therapeutic relationships (i.e. background knowledge; knowledge of interpersonal and development theory; knowledge of diversity influences and determinants; knowledge of person; knowledge of health/illness; knowledge of broad influences on health care and health care policy; knowledge of systems)
2. Acquiring requisite capacities for establishing therapeutic relationships (i.e. self-awareness; self-knowledge; empathy; awareness of boundaries and limits of professional role)
3. Recognizing the current phase of therapeutic relationships with clients (i.e. beginning phase/orientation; middle or working phase; ending or resolution phase)
4. Education, organization, and policy strategies and approaches

#### MAJOR OUTCOMES CONSIDERED

Effectiveness of interventions at helping nurses establish therapeutic relationships with clients

### METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developers conducted an extensive literature search and reviewed theoretical concepts, qualitative, case studies, and key reports.

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

## METHODS USED TO ANALYZE THE EVIDENCE

Review

## DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

## DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Chosen by the Registered Nurses Association of Ontario (RNAO) for their expertise in practice, research and academic sectors, the Guideline Development Panel defined the purpose and scope of the guideline on establishing therapeutic relationships, defined the terminology, conducted an extensive literature search, provided a background context, developed recommendations, and sought various stakeholders' feedback.

In preparing the practice recommendations, the panel developed a Framework for Therapeutic Relationships (see Figure 1 in the original guideline document). This framework organizes and guides the discussion of the recommendations as well as provides nurses and healthcare organizations with a model for understanding the therapeutic relationship.

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing  
External Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The draft nursing best practice guideline was pilot tested over an eight-month period in several organizations in Ontario that were identified through a "request for proposal" process conducted by Registered Nurses Association of Ontario

(RNAO). The guideline document was further refined taking into consideration the pilot site feedback and evaluation results as well as current literature.

### Pilot Implementation Evaluation Methodology

During the pilot implementation of the guideline on Establishing Therapeutic Relationships, a unique and promising methodology was used to evaluate the process of practice change. The following describes the methodology that readers may want to consider as an example of evaluating changes in the nurse-client therapeutic relationship.

Measures included a pre and post measure of active listening, initiating and assertiveness. The methodology involved presenting nurses with context relevant scenarios that were previously validated with a panel of experts. It was noted that it was important to present scenarios that were as close as possible to the types of situations that nurses are exposed to in real life. Nurses were presented with scenarios by an interviewer and asked to respond to several questions (see example of scenarios in Appendix C of the original guideline document). The responses were coded using a scoring tool to identify scores for the three identified variables (active listening, initiating and assertiveness). This methodology showed that it is possible to evaluate the changes in nurses' behaviours with respect to the qualities of a therapeutic relationship.

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

The Guideline Development Panel for the nursing best practice guideline for "Establishing Therapeutic Relationships" strongly urges organizations or practice settings to pay considerable attention to the recommendations under the heading Organization and Policy Recommendations (see Recommendations 5 to 14). Implementation of strategies to support the establishment of the therapeutic relationships between nurses and clients requires strong organizational support. Without such support, the journey towards meeting therapeutic relationship goals will be difficult. The Panel recommends organizations/practice settings conduct an organizational readiness assessment, plan and commence implementing initiatives that will establish the desirable supports. An organizational readiness assessment tool has been developed based on the recommendations in this guideline. See Appendix A in the original guideline document for the assessment tool.

#### Practice Recommendations

##### Requisite Knowledge

##### Recommendation 1

The nurse must acquire the necessary knowledge to participate effectively in therapeutic relationships.

##### Reflective Practice/Self-Awareness

## Recommendation 2

Establishment of a therapeutic relationship requires reflective practice. This concept includes the required capacities of: self-awareness, self-knowledge, empathy, awareness of boundaries and limits of the professional role.

### The Process of Developing a Therapeutic Relationship

## Recommendation 3

The nurse needs to understand the process of a therapeutic relationship and be able to recognize the current phase of his/her relationship with the client.

### Education Recommendations

#### Basic Nursing Education

## Recommendation 4

All entry-level nursing programs must include in-depth learning about the therapeutic process, including both theoretical content and supervised practice.

#### Professional Development

## Recommendation 5

Organizations will consider the therapeutic relationship as the basis of nursing practice and, over time, will integrate a variety of professional development opportunities to support nurses in effectively developing these relationships. Opportunities must include nursing consultation, clinical supervision and coaching.

### Organizational and Policy Recommendations

#### Continuity of Care and Caregiver

## Recommendation 6

Health care agencies will implement a model of care that promotes consistency of the nurse-client assignment, such as primary nursing.

## Recommendation 7

Agencies will ensure that at minimum, 70 percent of their nurses are working on a permanent, full-time basis.

#### Time for Care

## Recommendation 8

Agencies will ensure that nurses' work-load is maintained at levels conducive to developing therapeutic relationships.

#### Matching Patient Complexity with Appropriate Clinical Expertise

##### Recommendation 9

Staffing decisions must consider client acuity, complexity level, complexity of work environment, and the availability of expert resources.

#### Prevention of Stress and Burnout

##### Recommendation 10

Organizations will consider the nurse's well-being as vital to the development of therapeutic nurse-client relationships and support the nurse as necessary.

#### Evidence-Based Practice

##### Recommendation 11

Organizations will assist in advancing knowledge about therapeutic relationships by disseminating nursing research, supporting the nurse in using these findings, and supporting his/her participation in the research process.

#### Nursing Leadership

##### Recommendation 12

Agencies will have a highly visible nursing leadership that establishes and maintains mechanisms to promote open conversation between nurses and all levels of management, including senior management.

#### Clinical Supervision and Coaching

##### Recommendation 13

Resources must be allocated to support clinical supervision and coaching processes to ensure that all nurses have clinical supervision and coaching on a regular basis.

#### Accreditation

##### Recommendation 14

Organizations are encouraged to include the development of nursing best practice guidelines in their annual review of performance indicators/quality improvement, and accreditation bodies are also encouraged to incorporate nursing best practice guidelines into their standards.

## CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Recommendations are based on the evaluation of theoretical concepts, a few qualitative studies, case studies, key reports, clinical expertise and client feedback. In gathering and critically appraising the literature, the panel concluded that there were no systematic reviews of randomized controlled trials or other research designs, related to the therapeutic relationships.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

- Guideline implementation is intended to help nurses establish therapeutic relationships with clients.
- Nurses, other health care professionals and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment and documentation tools, etc.

### POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

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- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability or discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor Registered Nurses Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omission in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.
- In gathering and critically appraising the literature, the panel concluded that there were no systematic reviews of randomized controlled trials or other research designs, related to the therapeutic relationship mainly because of the limited review of studies evaluating process or outcomes of therapeutic relationships.

### DESCRIPTION OF IMPLEMENTATION STRATEGY

#### Organizational Readiness Assessment

A worksheet (found in Appendix A of the original guideline document) has been developed to assist in assessing for strengths in the work environment as well as plan out strategies prior to spending time and resources with the guideline implementation.

#### Toolkit: Implementing Clinical Practice Guidelines

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation. In this regard, Registered Nurses Association of Ontario (RNAO) (through a panel of nurses, researchers and administrators) has developed The Toolkit for Implementing Clinical Practice Guidelines, based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of any clinical practice guideline in a health care organization.

The "Toolkit" provides step by step directions to individuals and groups involved in planning, coordinating, and facilitating the guideline implementation. Specifically, the "Toolkit" addresses the following key steps:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing evaluation
6. Identifying and securing required resources for implementation

Implementing guidelines in practice that result in successful practice changes and positive clinical impact is a complex undertaking. The "Toolkit" is one key resource for managing this process.

For specific recommendations regarding implementation of this guideline, refer to the "Major Recommendations" field.

#### Evaluation and Monitoring

Organizations implementing the recommendations in this nursing best practice guideline are recommended to consider how the implementation and its impact will be monitored and evaluated. A table (found in the original guideline document) based on framework outlined in the RNAO Toolkit for Implementation of Clinical Practice Guidelines (2002), illustrates some indicators for monitoring and evaluation.



## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

End of Life Care  
Getting Better  
Living with Illness  
Staying Healthy

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Establishing therapeutic relationships. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jul. 54 p. [66 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2002 Jul

### GUIDELINE DEVELOPER(S)

Registered Nurses Association of Ontario - Professional Association

### SOURCE(S) OF FUNDING

Funding was provided by the Ontario Ministry of Health and Long Term Care.

### GUIDELINE COMMITTEE

Not stated

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## FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

The Registered Nurses Association of Ontario (RNAO) received funding from the Ministry of Health and Long-Term Care (MOHLTC). This guideline was developed by a panel of nurses and researchers convened by the RNAO and conducting its work independent of any bias or influence from the MOHLTC.

## GUIDELINE STATUS

This is the current release of the guideline.

## GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines, 438 University Avenue, Suite 1600, Toronto, Ontario, M5G 2K8; Fax: (416) 599-1926; Order forms available on the [RNAO Web site](#).

## AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 91 p.

Electronic copies: Available in Portable Document Format (PDF) from the [RNAO Web site](#)

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines, 438 University Avenue, Suite 1600, Toronto, Ontario, M5G 2K8; Fax: (416) 599-1926; Order forms available on the [RNAO Web site](#).

## PATIENT RESOURCES

The following is available:

- Health information fact sheet. Putting patients first. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Nov. 2 p.

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines, 438 University Avenue, Suite 1600, Toronto, Ontario, M5G 2K8; Fax: (416) 599-1926; Order forms available on the [RNAO Web site](#).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

## NGC STATUS

This NGC summary was completed by ECRI on December 17, 2003. The information was verified by the guideline developer on January 16, 2004.

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